

300x-21(b)) is amended by inserting “, and, as applicable, for carrying out section 1923A” before the period.

(2) NONAPPLICABILITY OF PREVENTION PROGRAM PROVISION.—Section 1922(a)(1) of the Public Health Service Act (42 U.S.C. 300x-22(a)(1)) is amended by inserting “except with respect to amounts made available as described in section 1923A,” before “will expend”.

(3) OPIOID TREATMENT PROGRAMS.—Subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x-21 et seq.) is amended by inserting after section 1923 the following:

“SEC. 1923A. ADDITIONAL SUBSTANCE ABUSE TREATMENT PROGRAMS.

“A funding agreement for a grant under section 1921 is that the State involved shall provide that any amounts made available by any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 4191 of the Internal Revenue Code of 1986 (determined by taking into account any outlays for amounts rebated or discounted under subsection (c)(1) thereof (as described in section 1933(a)(1)(B)(i))) be used exclusively for substance abuse (including opioid abuse) treatment efforts in the State, including—

“(1) treatment programs—

“(A) establishing new addiction treatment facilities, residential and outpatient, including covering capital costs;

“(B) establishing sober living facilities;

“(C) recruiting and increasing reimbursement for certified mental health providers providing substance abuse treatment in medically underserved communities or communities with high rates of prescription drug abuse;

“(D) expanding access to long-term, residential treatment programs for opioid addicts (including 30-, 60-, and 90-day programs);

“(E) establishing or operating support programs that offer employment services, housing, and other support services to help recovering addicts transition back into society;

“(F) establishing or operating housing for children whose parents are participating in substance abuse treatment programs, including capital costs;

“(G) establishing or operating facilities to provide care for babies born with neonatal abstinence syndrome, including capital costs; and

“(H) other treatment programs, as the Secretary determines appropriate; and

“(2) recruitment and training of substance use disorder professionals to work in rural and medically underserved communities.”.

(4) ADDITIONAL FUNDING.—Section 1933(a)(1)(B)(i) of the Public Health Service Act (42 U.S.C. 300x-33(a)(1)(B)(i)) is amended by inserting “, plus any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 4191 of the Internal Revenue Code of 1986 (determined by taking into account any outlays for amounts rebated or discounted under subsection (c)(1) thereof)” before the period.

(c) REPORT.—Not later than 2 years after the date described in subsection (a)(3), the Secretary of Health and Human Services shall submit to Congress a report on the impact of the amendments made by subsections (a) and (b) on—

(1) the retail cost of active opioids (as defined in section 4191 of the Internal Revenue Code of 1986, as added by subsection (a));

(2) patient access to such opioids, particularly cancer and hospice patients, including the effect of the discount or rebate on such opioids for cancer and hospice patients under section 4191(c)(1) of such Code, as so added;

(3) how the increase in revenue to the Treasury resulting from the enactment of

section 4191 of the Internal Revenue Code of 1986 is used to improve substance abuse treatment efforts in accordance with section 1923A of the Public Health Service Act (as added by subsection (b)); and

(4) suggestions for improving—

(A) access to opioids for cancer and hospice patients; and

(B) substance abuse treatment efforts under such section 1923A.

SA 4116. Mr. MANCHIN submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle G of title X, add the following:

SEC. 1064. EXTENSION OF BLACK LUNG DISABILITY TRUST FUND EXCISE TAX.

(a) IN GENERAL.—Section 4121(e)(2)(A) of the Internal Revenue Code of 1986 is amended by striking “December 31, 2021” and inserting “December 31, 2031”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply on and after the first day of the first calendar month beginning after the date of the enactment of this Act.

SA 4117. Mr. MANCHIN submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

In title X, add at the end the following:

Subtitle H—COVID-19 Mine Worker Protection Act

SEC. 1071 SHORT TITLE.

This subtitle may be cited as the “COVID-19 Mine Worker Protection Act”.

SEC. 1072. EMERGENCY TEMPORARY AND PERMANENT STANDARDS.

(a) EMERGENCY TEMPORARY HEALTH OR SAFETY STANDARD.—

(1) IN GENERAL.—In consideration of the grave risk presented by COVID-19 and the need to strengthen protections for miners, pursuant to section 101(b) of the Federal Mine Safety and Health Act of 1977 (30 U.S.C. 811(b)) and notwithstanding the provisions of law and the Executive order listed in paragraph (3), not later than 7 days after the date of enactment of this Act, the Secretary of Labor shall promulgate an emergency temporary health or safety standard to protect miners from occupational exposure to SARS-CoV-2.

(2) APPLICATION OF STANDARD.—Pursuant to section 101(b)(2) of the Federal Mine Safety and Health Act of 1977 (30 U.S.C. 811(b)(2)), the emergency temporary health or safety standard promulgated under paragraph (1) shall be effective until superseded by a mandatory health or safety standard promulgated under subsection (b).

(3) INAPPLICABLE PROVISIONS OF LAW AND EXECUTIVE ORDER.—The provisions of law and

the Executive order listed in this paragraph are as follows:

(A) Chapter 6 of title 5, United States Code (commonly referred to as the “Regulatory Flexibility Act”).

(B) Subchapter I of chapter 35 of title 44, United States Code (commonly referred to as the “Paperwork Reduction Act”).

(C) The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1501 et seq.).

(D) Executive Order 12866 (58 Fed. Reg. 190; relating to regulatory planning and review), as amended.

(b) PERMANENT STANDARD.—Pursuant to section 101(b)(3) of the Federal Mine Safety and Health Act of 1977 (30 U.S.C. 811(b)(3)), the Secretary shall promulgate a mandatory standard to protect miners from occupational exposure to SARS-CoV-2.

(c) REQUIREMENTS.—The standards promulgated under this section shall—

(1) include a requirement that operators—

(A) with the input and involvement of miners or, where applicable, the representatives of miners develop and implement a comprehensive infectious disease exposure control plan to address the risk of occupational exposure to SARS-CoV-2; and

(B) provide to miners the necessary personal protective equipment, disinfectant, ancillary medical supplies, and other applicable supplies determined necessary by the Secretary to reduce and limit exposure to SARS-CoV-2 in coal or other mines;

(2) incorporate guidelines—

(A) issued by the Centers for Disease Control and Prevention and the National Institute for Occupational Safety and Health, which are designed to prevent the transmission of infectious agents in occupational settings; and

(B) from relevant scientific research on novel pathogens; and

(3) include a requirement for the recording and reporting of all work-related COVID-19 infections and deaths as set forth in part 50 of title 30, Code of Federal Regulations (as in effect on the date of enactment of this Act).

SEC. 1073. SURVEILLANCE, TRACKING, AND INVESTIGATION OF MINING-RELATED CASES OF COVID-19.

The Secretary of Labor (acting through the Assistant Secretary for Mine Safety and Health), in coordination with the Director of the Centers for Disease Control and Prevention and the Director of the National Institute for Occupational Safety and Health, shall—

(1) collect and analyze case reports and other data on COVID-19 to identify and evaluate the extent, nature, and source of COVID-19 among miners, including the prevalence of and consequences of COVID-19 diagnoses among miners also diagnosed with pneumoconiosis;

(2) investigate, as appropriate, individual cases of COVID-19 among miners to evaluate the source of exposure and adequacy of infectious disease exposure control plans;

(3) provide regular periodic reports on COVID-19 among miners to the public; and

(4) based on such reports and investigations, make recommendations on needed actions or guidance to protect miners from COVID-19.

SEC. 1074. DEFINITIONS.

The terms used in this subtitle have the meanings given the terms in section 3 of the Federal Mine Safety and Health Act of 1977 (30 U.S.C. 802).

SA 4118. Mr. MANCHIN submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of